



6/11/2026

Colorado Access Behavioral Health Provider Town Hall



Agenda

Welcome & Introduction

Key Provider Updates

Compliance Corner

Provider Education

Questions

Thank You for Joining Us

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Key Provider Updates



Behavioral Health Billing & Policy Updates

NCCI Edits · CO MUEs & PTP · Supportive Services

A summary for Regional Accountable Entities, providers, and stakeholders

Department of Health Care Policy & Financing

Effective dates: July 2025 · January 2026 · August 2026



What's inside this deck

Three policy areas reshaping behavioral health billing in Colorado

01

NCCI Edits

Federal coding edits required of all RAEs (eff. 7/1/25)

02

CO MUEs & PTP — Oct 2025

Colorado-specific unit limits and code-pair restrictions

03

Supportive Services — Aug 2026

New limits on peer, skills, and case management codes

NCCI Edits

HCPF requires RAEs to implement all NCCI edits — effective July 1, 2025

Created by CMS to reduce improper payments from incorrect coding and billing. NCCI prevents reimbursement for inappropriate combinations of CPT codes.

AOC

Add-on Code Edits

Ensure add-on codes are not billed without a primary procedure code.

MUE

Medically Unlikely Edits

Prevent inappropriate payments when services are reported with unusually high units of service.

PTP

Procedure-to-Procedure Edits

Prevent code pairs that should not be reported together on the same date of service.

More info: [CMS NCCI for Medicaid webpage](#) · [NCCI and CO MUEs FAQ](#)

CO MUEs — Effective October 1, 2025

Per-day unit limits for behavioral health HCPCS codes

Code	Service	CO MUE Units / Day
H0004	Individual/family counseling and therapy	4
H0023	Behavioral Health Outreach Service	8
H0033	Oral medication admin, direct observation, per diem	2
H0034	Medication training and support, per 15 mins	1
H0038	Self-help / peer services	12
H2014	Skills training and development	12
H2027	Psychoeducational service, per 15 mins	4
H2032	Activity therapy, per 15 mins	12
S9454	Stress management classes, non-physician provider	1
T1017	Targeted Case Management	4

Note: Services billed in excess of CO MUEs deny with an MUE-limit message; providers may appeal with clinical documentation.

CO PTP — Effective October 1, 2025

Community support & rehab codes that cannot be billed on the same day

Code	Service	MUE / Day	Cannot be billed same day as
H2015	Comprehensive community support services	16	H2014, H2016, H2017, H2018, H2021, H2022
H2016	Comprehensive community support services	1	H2014, H2015, H2017, H2018, H2021, H2022
H2017	Psychosocial rehabilitation services	16	H2014, H2015, H2016, H2018, H2021, H2022
H2018	Psychosocial rehabilitation, per diem	1	H2014, H2015, H2016, H2017, H2021, H2022
H2021	Community-based wrap-around, 15 mins	16	H2014, H2015, H2016, H2017, H2018, H2022
H2022	Community-based wrap-around services	1	H2016, H2017, H2018, H2021
T1017	Targeted Case Management	4	H0006

PTP edits prevent code pairs that should not be reported together on the same date of service.

Why new limits are coming

Wrap-around, non-clinical services — eff. Aug 1, 2026

What are supportive services?

Wrap-around, non-clinical services included as part of a multidisciplinary approach to SUD or mental health treatment. They support — but do not replace — outpatient clinical services. Coverage is optional.

Trends prompting action

- Multiple hours of supportive services billed per day
- Services continuing for months or the entire year
- Supportive services delivered without corresponding clinical treatment

Sustainability driver

Addressing unsustainable Medicaid cost growth

Cost growth has been further complicated by federal fiscal changes under H.R. 1. The new MUEs and PTP edits are part of HCPF's broader program integrity strategy.

Shared responsibility to preserve member access while protecting long-term Medicaid sustainability.

Building on prior program integrity actions

What HCPF has already done — and what's next

July 1, 2025

January 1, 2026

August 1, 2026

Limited provider types billing peer services; narrowed billing codes; prioritized SUD and team-based care.

Rendering Provider Oversight (RPO): 1 hr oversight per 20 hrs of services by unlicensed professionals. Certification required for BH Peer Support Professionals.

New CO MUEs and PTP edits for select supportive services codes — see next slide.

Despite these actions, concerns about inappropriate utilization and unsustainable cost growth persist.

New CO MUEs & PTP — Effective August 1, 2026

Annual and daily limits for select supportive services codes

Code	Service	CO MUE Limits	CO PTP — Cannot be billed same day as
H0038	Self-help / peer services	12 / day · 512 / fiscal year	H2014, H2015, H2016, H2017, H2018
H2014	Skills training and development	12 / day · 24 / fiscal year	H0038, H2015, H2016, H2017, H2018
T1017	Targeted Case Management	4 / day · 64 / fiscal year	H0006

Annual limit denial message: *"Benefit maximum for the time period has been met."*

Clinical oversight & medical necessity

- Rendering Provider determines level of care, medical necessity, and alignment with the treatment plan.
- Extended supportive use may signal need for ACT, IOP, or PHP.

Services NOT impacted

- Limits apply only to the Capitated Behavioral Health Benefit.
- Unchanged: 1115 HRSN Waiver, 1115 Reentry Waiver, HCBS Waivers.

Effective dates summary

One view of every policy change in this deck

Effective Date	Policy / Edit	Who's impacted	Key takeaway
July 1, 2025	NCCI Edits (AOC · MUE · PTP)	All RAEs	Federal CMS edits prevent improper billing combinations.
July 1, 2025	Peer service narrowing	BH peer providers	Limited provider types; prioritized SUD & team-based care.
October 1, 2025	CO MUEs & CO PTP	BH providers / RAEs	Daily unit limits + same-day code-pair restrictions.
January 1, 2026	Rendering Provider Oversight	Unlicensed BH workforce	1 hour oversight per 20 hours of services delivered.
August 1, 2026	New Supportive Services MUEs/PTP	H0038, H2014, T1017 billers	Annual + daily limits; PTP same-day conflicts.

Where to learn more

NCCI & CO Edits

- CMS NCCI for Medicaid webpage
- NCCI and CO MUEs FAQ
- State Behavioral Health Services (SBHS) Billing Manual

Supportive Services Context

- Behavioral Health Administration (BHA) rules
- Best practice standards: ACT · IOP · PHP
- Rendering Provider Oversight (RPO) policy



Compliance Corner



H2014 – Skills Training & Development

H2014 is used to teach, practice, and build skills that support community living and progress toward treatment goals.



Appropriate Use (H2014)



Teaching coping and symptom management skills



Practicing communication and interpersonal skills



Developing problem-solving and decision-making skills



Training in daily living and independent living skills



Skill-building through practice, coaching, and feedback



Not Appropriate (Not H2014)



Transportation only



Socialization or recreational activities without skill-building



House meetings or recreational activities alone



Monitoring, observation, or supervision without teaching a skill



Case management, coordination, or referral activities



Documentation Must Show:

Skill taught | Intervention used | Member response
Progress toward goal | Time in 15-minute increments



Key Question:

“What skill was taught, practiced, or strengthened during the service?”

Compliance Corner

Stark Law and the Anti-Kickback Law

Anti-Kickback Law

[HCPF OM 26 015](#)

Who It Applies To

- All workforce members
- Contracted providers and affiliated entities involved in Medicaid/CHP+ services

What is Prohibited

- Offering, paying, soliciting, or receiving anything of value (remuneration)
- Intended to influence referrals or services tied to federal healthcare programs

Examples

- Medicaid providers are not allowed to offer gifts to members worth more than \$15 each.
- Providers are not allowed to offer any cash or similar cash gifts such as gift cards, money or vouchers.
- Medicaid providers are not allowed to offer money, perks, or other items of value to a member's family, guardian, or other representative.

Stark Law-Physician Self-Referral Law

[Fraud & Abuse Laws | Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services](#)

Who It Applies To

- Contracted providers and affiliated entities involved in Medicaid/CHP+ services
- Immediate family members of physicians.

What is Prohibited

- Physicians may not refer Medicare or Medicaid patients for designated health services to an entity with which they (or an immediate family member) have a financial relationship, unless an exception applies.

Examples

- Psychiatrist ownership in IOP or PHP programs.
- Compensation tied to referral volume.
- Referrals to facilities in which physicians have investment interests.
- Telehealth arrangements involving referral-based compensation.
- Office space and equipment leases between referring physicians and providers.





HR 1 Member Communications

Key Details on H.R. 1 Preparation

Compliance & Member Notices

- State has data to automate compliance or exemption for 60% of the expansion population
- New federal rules allow self-attestation for the first year if the state cannot automate
- Notices go to all Medicaid expansion members in September 2026

Work Requirements, Tools & Funding

- Considers work activities one month prior to application for new applicants
- Considers one month (any month) between 6-month renewal periods for active members
- Applies to new applicants and renewals initiated after January 2027
- State screener tool helps members check if requirements may apply
- State requested nearly \$100M over three years for systems, staff, outreach, and oversight
- Currently reviewing the new federal rule to determine if changes are needed

Working Timeline Overview

May 2026

Notices, emails, and texts sent to affected immigrant members

Sep 2026

Notices, emails, and texts sent to members subject to work requirements

Oct 2026

Changes to coverage for some immigrants · ~6,000 impacted

Nov 2026

Notices, emails, and texts for January renewals sent

Jan 2027

6-month renewals · work requirements · retro coverage rollback · ~378,000 impacted

2027

Direct outreach to members continues based on renewal date

H.R. 1 Communication Goals

01

Retain as many members as possible.

02

**Equip our community to help people
who are losing coverage.**

Communication Roles

HCPF will

- Send letters to affected members
- Develop messaging and provide a toolkit — posters, flyers, social media posts, and talking points
- We will not create our own materials

COA will

- Share the toolkit with providers and community partners
- Help members understand renewals and work requirements
- Remind members to complete their renewals
- Inform and support providers with keeping members covered
- Disseminate messages through social media, community engagement, canvassing, email lists, and paid marketing channels

Toolkit Website

Choose a campaign · find ready-to-share materials

hr1toolkit.healthfirstcolorado.com

A single hub for posters, flyers, social posts, and talking points

Share

Toolkit assets ready for providers and community partners

Educate

Explain renewals, work requirements, and next steps to members

Reach

Social, email, canvassing, and paid channels in one place

Department of Health Care Policy & Financing · Colorado

One toolkit, one URL — everything the campaign needs in one place.



Payment Questions



Payment Questions



For questions unique to your contract please contact provider.contracting@coaccess.com



If COA rates were to change we are required to provide 90 day notice of material change to providers.



Medicaid FFS questions should be directed to HCPF.

Questions



Stay Connected

Sign up for Colorado Access provider emails to receive important updates, trainings, and resources.

Visit: www.coaccess.com/providers/



Contacts

- **General questions**

Customer Service (800) 511-5010

- **Provider Network Services**

providernetworkservices@coaccess.com

- **Claims questions**

claimsresearch@coaccess.com

- **Contracting**

provider.contracting@coaccess.com

- **Credentialing**

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